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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 762517

1. Corporation Name

BELLEVIEW CHURCH OF CHRIST, INC.

* 3 9 1 6 5 1 *
301651 - 90076 - 45

Principal Place of Business	Mailing Address
12355 SE HWY 441 P O BOX 1557 BELLEVIEW FL 32620	12355 SE HWY 441 P O BOX 1557 BELLEVIEW FL 32620

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26	03/19/1982
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2421786 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
Zip 24 25 Country	Zip 29 30 Country	6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

BROWN, HAROLD E
4700 SE HWY. 42
SUMMERFIELD FL 32691

10. Name and Address of New Registered Agent

81 Name FRANK M. HOSKINSON
82 Street Address (P.O. Box Number is Not Acceptable) 7968 E HWY 25
83
84 City BELLEVIEW FL 85 Zip Code 34420

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE Frank M. Hoskinson Frank M. Hoskinson Sec/Treas DATE 4-3-99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	SPURLOCK, DON		1.2 NAME		
STREET ADDRESS	10863 SE 45TH AVE		1.3 STREET ADDRESS		
CITY-ST-ZIP	BELLEVIEW FL 34420		1.4 CITY-ST-ZIP		
TITLE	DS	☒ DELETE	2.1 TITLE	DS	☒ Change ☐ Addition
NAME	HOSKINSON, MIKE		2.2 NAME	HOSKINSON, FRANK M	
STREET ADDRESS	7968 E HWY 25		2.3 STREET ADDRESS	7968 E HWY 25	
CITY-ST-ZIP	BELLEVIEW FL 34420		2.4 CITY-ST-ZIP	BELLEVIEW, FL 34420	
TITLE	DT	☒ DELETE	3.1 TITLE	DT	☒ Change ☐ Addition
NAME	BROWN, HAROLD		3.2 NAME	HOSKINSON, FRANK M	
STREET ADDRESS	4700 SE HWY. 42		3.3 STREET ADDRESS	7968 E HWY 25	
CITY-ST-ZIP	SUMMERFIELD FL		3.4 CITY-ST-ZIP	BELLEVIEW, FL 34420	
TITLE		☐ DELETE	4.1 TITLE	DV	☐ Change ☒ Addition
NAME			4.2 NAME	YOUNG, MAX	
STREET ADDRESS			4.3 STREET ADDRESS	12655 SE 105301	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	BELLEVIEW, FL 34420	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (11/98)

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: MIKE HOSKINSON MIKE Hoskinson 3-12-99 (352) 307-7198
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #